

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
FOOD SERVICE SANITATION SECTION
 In accordance with 1978 PA 368, as amended, and PA 92 of 2000

LOCAL HEALTH DEPARTMENT QUARTERLY REPORT
FOOD SERVICE SANITATION PROGRAM

The following data shall be reported to the Michigan Department of Agriculture, Food Service Sanitation Section, by local health departments on a quarterly basis, within 30 days of the end of each quarter within the fiscal year.

1. Agency: _____ Person submitting report: _____

Activity	2. Quantity FY 20 - (i.e. 04-05)				
	Oct-Dec 1st	Jan-March 2 nd	April-June 3rd	July-Sep 4th	Total
INSPECTIONS					
Conducted:					
3. Fixed food establishments					
4. Mobile, vending, & stfu					
5. Temporary food establishments					
6. Follow-up inspections					
Due:					
7. Fixed, mobile, vending & stfu	Annual total=				
PLAN REVIEW					
8. Number of plans received for review					
9. Number of plans approved					
INVESTIGATIONS					
10. Consumer complaints investigated (all types)					
11. Foodborne illness outbreaks (meet MI definition)					
ENFORCEMENT CONDUCTED					
12. Administrative Action: (office conference, informal conference, formal hearing, civil fines, orders)					
13. Court Action: (civil, criminal)					
STAFFING					
14. Total number of FTEs assigned to the food program in the following areas: plan review, supervision, coordination, clerical and other food related non-inspection time					
15. Total number of FTEs assigned to conduct food establishment inspections (all types)					

Mail to: MDA, Food & Dairy Division, Food Service Sanitation Section, PO Box 30017, Lansing, MI. 48909
Fax to: 517-373-3333

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Directions for completing local health department quarterly report:

1. **Complete agency name** and **person** submitting report.
2. **Complete fiscal year.** For example, if the reporting period begins October 1, 2004, enter 04-05 in the blanks provided.
3. **Fixed food establishment inspections conducted-** Enter routine, change of ownership and pre-opening inspections conducted for fixed facilities.
4. **Mobile, vending and STFU inspections conducted-** Enter routine, change of ownership and pre-opening inspections conducted for these types of facilities.
5. **Temporary food establishment inspections conducted-** Enter initial licensing inspections conducted for issuing temporary licenses.
6. **Follow-up inspections conducted-** Enter follow-up inspections conducted for all license types. This may include inspections made to follow-up: previous follow-ups, routine inspections, temporary licensing inspections and enforcement actions.
7. **Fixed, mobile, vending & STFU inspections due-** At the end of the 4th quarter, report the annual total due for the FY which just ended. Calculate as follows for fixed, mobile, vending and STFU licensed facilities:

	Number	Total
Number of vending location inspections due for year, based on your agencies vending inspection frequency (For example if your agency has 30 vending locations and inspects 1/3 each year, put 10)		X 1=
Number of facilities currently licensed with a 6 month inspection frequency		X 2=
Number of facilities currently licensed with a 12 month inspection frequency (include seasonal facilities here)		X 1=
Number of facilities currently licensed with an 18 month inspection frequency		X 0.66=
Number of pre-opening inspections that should have been conducted. Enter number of facilities that requested a pre-opening inspection following plan approval.		X 1=
Other routine inspections your agency is aware of, if data is available (i.e. change of ownership)		X 1=
		Total=

8. **Number of plans received for review-** Enter number of plan review applications received.
9. **Number of plans approved-** Enter number of facilities that received final plan approval, even if the facility never opened.
10. **Consumer Complaints Investigated (all types)-** Report all illness and non-illness complaints investigated, including those that are classified as an outbreak.
11. **Foodborne illness outbreaks-** This number is a subset of # 10. Enter complaints investigated that were found to be a foodborne illness outbreak meeting the Michigan outbreak definition.
12. **Administrative enforcement actions conducted-** Enter number of administrative enforcement actions conducted. Include office conferences, informal conferences, formal hearings, civil fines issued, and orders issued.
13. **Court enforcement actions conducted-** Enter number of court-related enforcement actions conducted. Include civil and criminal actions.

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14. **Staffing, total number of FTE's assigned to the program in the following areas: plan review, supervision, coordination, clerical, etc.)-** Report at 4th quarter only. Report a number representative of the full-time equivalents (FTE's) for the fiscal year expressed as a decimal.
15. **Staffing, total number of FTE's assigned to conduct food establishment inspections-** Report at end of 4th quarter only.

Calculating FTE's for 14 and 15:

Option 1: For agencies that complete the "Program Budget-Cost Detail" form for the food service program in the LPHO Annual Budget, report applicable data from that form for the applicable FY.

Option 2: For any agency that needs to perform additional calculations to obtain staffing data, the following general format is recommended.

Step A: Calculate the following for each food program employee, using departmental activity reporting system for fiscal year being reported.

Sanitarian A	Hours
	2080 hours (40 hr./wk. X 52 weeks)
Vacation, Sick, Holiday	555 hours (calculate for individual specifically or use department-wide averages)
Time available to work =	1,525 hours
Non-program specific hours	65 hours (distribute proportionally to program hours)
Other program specific time (i.e radon, campgrounds, etc.)	250 hours + 11 non-program specific hours = 261 total
Food inspection hours	605 hours + 27 non-program specific hours = 632 total
Food program coordination and other food hours	605 hours + 27 non-program specific hours = 632 total

Step B: Convert hours to FTE's

A. Position	B. Hours Worked: Inspections (include routine, follow-up, & complaint inspections, outbreak investigations, and other direct establishment contact time	C. Inspection FTE (B divided by F)	D. Hours Worked: Review Plans, Supervise, Coordinate, Clerical, other non-inspection activity (i.e teach serv-safe class)	E. FTE (D divide by F)	F. Hours Available To Work
Sanitarian A (Coordinator)	632	0.41	632	0.41	1525
Sanitarian B (Plan Reviewer)	1400	0.92	125	.08	1525
Clerical			760	0.5	1525
EH Director			384	0.25	1525
Total=		1.33		1.24	

Option 3: In the absence of other more reliable data, estimate the percentage of time each food program employee spends in each reporting category. For example, an employee spends 80% of their time conducting inspections and 20% conducting plan reviews. Report 0.8 FTE for inspections and 0.2 FTE for plan review.